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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control number. **Attorney Docket Number** BURFC18414 **DECLARATION FOR UTILITY OR** Luther B. Stoddard First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** 029.307 **Filing Date** 11/19/2001 **☑** Declaration Declaration **Group Art Unit** OR Submitted after Initial **Submitted** Filing (surcharge with Initial (37 CFR 1.16 (e)) **Examiner Name** Filing

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PERFORATED FLAP WITH DUAL SEALS								
the specification of which (Title of the Invention)								
is attached hereto	·	•						
OR CONTRACT	22222		- d O4-4 A	ion Number of D	CT Intomational			
was filed on (MM/E	11/19/2	001 as Unite	Ha States Applica	tion Number or PC	o international			
Application Number 1	0/029.307 and w	as amended on (MM/DD/Y	~~n		(if applicable).			
I hereby state that I have n	eviewed and understand the	contents of the above iden	itified specificatio	n, including the cl	aims, as			
	ent specifically referred to abo							
I acknowledge the duty to	disclose information which is	material to patentability as	defined in 37 CF	R 1.58.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached?			
None			0000	0000	0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number	r(s) Filing Date	(MM/DD/YYYY)						
60/256,884	12/19/	2000	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
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[Page 1 of 2]

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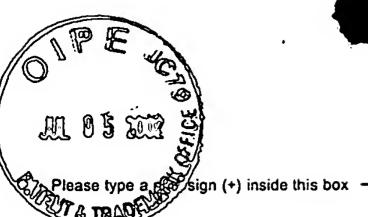
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior

and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
PCT/U	JS99/12110			06/01	/1999				
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Additiona	I U.S. or PCT International applic	ation numbers are li	sted on a su	pplement	al priority data	sheet P	TO/SB/02B	attached heret	٥.
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	E. Albanesi	36,420		Peter V. Schro					
	registered practitioner(s) named	1		actitioner	Information she	et PTO/	SB/02C at	tached hereto.	
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])	Family Name or Surname					
Jerry Dale		Pack					
Inventor's Signature			Date				
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Wailing Address 408 E. Wagner Avenue							
Mailing Address							
City Pauls Valley	State OK ZIP 73075 Cou		Country	USA			
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])	Family N	ame or Surr	name			
Inventor's Signature Date							
Residence: City State		Country		Citizenship			
Wailing Address							
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Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])	Family Name or Surname					
	Ω						
Inventor's Signature Signature	Ade			Date 3-11-02			
Residence: City State		Country		Citizenship			
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